## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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(Sign 2008 OCTOBER 8,

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/520 546 01/06/2005 Michael Fhenhoch ZARRERI PAGGIIS 3255

TITLE OF INVENTION: SHIFTING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonpravisional	NO	s 1510	\$300	\$0	\$1810	12/17/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
FENSTERMACHER, DAVID MORGAN		3682	074-473100				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1,563).  Change of correspondence address (or Change of Correspondence Address form PTO/SPI 22) attached.  See Address form PTO/SPI 22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SPI 47, Rev 03.02 or muse recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	3 registered patent attorn vely, le firm (having as a memb agent) and the names of u meys or agents. If no nam	era 2 DANIE	DAVIS BUJOLD & DANIELS, P.L.L.C	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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ricase check the appropriate assigned entegory of categor	nes (will not be printed on the patent).	C Individual	Corporation of other private group citing	
to The following (cefs) are submitted:	4b. Payment of Fee(s): (	Please first rear	oply any previously paid issue fee shown ah	nve)

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